

HEALTH AND WELLBEING BOARD			
Report Title	Overview of the System Resilience Plan 2016/17 and Overview of the Approach to Enhanced Care & Support Services		
Contributors	Martin Wilkinson	Item No.	7
Class	Part 1	Date:	
Strategic Context	System resilience planning is a national expectation for NHS organisations and senior leaders from across Bexley, Greenwich and Lewisham (BGL) health and care economy to bring together system wide resilience, planning & oversight for the health and care services serving the population of BGL. For Lewisham, the System Resilience Plan links to relevant workstreams of the Adult Integration Programme. Parties in the System Resilience Group are the 3 local CCGs, Lewisham and Greenwich NHS Trust, Oxleas Foundation NHS Trust (as Bexley and Greenwicks' community provider) and 3 Local Authorities supported by a range of other providers and organisations including primary care and mental health providers.		
Pathway	N/A		

1. Purpose

- 1.1 This report provides members of the Health and Wellbeing Board with an overview of the System Resilience Plan 2016/17.

2. Background

- 2.1 Our approach for system resilience planning 2016/17 draws together the lessons learned from planning last year, and the recommendations from 'One Version of the Truth' (OVT, a diagnostic of what is happening along the urgent and emergency care pathway based on available data and insights). The plan encompasses a range of initiatives assessed for their potential impact upon the 4 hour standard, flow across the pathway including use of the Emergency Departments, admission to hospital and supported discharges including reported delayed transfers of care (DTC).

Building on lessons learned from 2015/16 there are two strands to the approach for system resilience this year:

- a. A transformational agenda which will deliver sustainable change by addressing underlying system issues as evidenced in the 'One Version of the Truth' (OVT) review

- b. An escalation agenda which sets out our system-wide approach to planning for known escalation events such as Christmas and Easter, and with contingency for the unseen events (e.g. junior doctor's industrial action, inclement weather).

The OVT system review of February 2016 established a whole-system vision for the future development of urgent and emergency care services for 2016/17 and beyond.

3. Our Guiding Principles

- 3.1 All parties to this plan share the objectives of facilitating high-quality care for all and improving service-user outcomes now and in the future. We have agreed to work together for the benefit of patients, service users and the public. We recognise that the NHS and Local Authorities need to be able to deal with the challenges ahead, such as an ageing population, a rise in the number of people with long term conditions and greater public expectations.
- 3.2 With resources considerably constrained this year, the emphasis of the plan is to increase the efficiency of the system to respond to winter and beyond, and to prioritise investment in those schemes with a robust evidence base, capable of reducing key risk across the system. This year's plan is inherently connected to the QIPP (Quality, Innovation, Productivity and Prevention programme) and ensures that patients are seen in the most appropriate setting; whether this is in the community or hospital environment. Priority will be given to low cost, high impact schemes capable of reducing demand for Emergency Departments, appropriate hospital admissions and reducing long stay patients: defined as patients staying in hospital over 9 days.

4. Overview of winter 2015/16 and lessons learned

- 4.1 For the first 3 quarters of 2015/16, performance against the 4 hour standard remained on an improved trajectory at approximately 2.5% above 2014/15 (UHL 2.26%/QEH – 3%). To the extent that October 2015 performance at LGT was noted by NHS England as demonstrating the greatest level of improvement in comparison to all Trusts across London. The period heralded the implementation of 'Winter Countdown' which brought momentum to the implementation of plans ahead of winter. Similarly planning for the Christmas and New Year (Operation Aladdin) successfully delivered performance well above the forecast trajectory. This tells us that joint planning across agencies for known escalation events does have a positive impact on stabilising performance and this should continue to be a significant feature of system resilience planning. Unfortunately outside of escalation events, performance did deteriorate which clearly demonstrates the fragility of the system and need for transformational change aimed at the underlying root causes.

4.2 The system resilience plan for 2015/16 was framed around 5 separate plans which included: LGT Emergency Care Pathway Redesign Plan, a joint BGL CCG plan which included investment across 5 health and social care schemes and 3 CCG specific plans all with differing priorities and emphasis. Although the evaluation does demonstrate some successful pilots that can be built upon (e.g. the Lewisham Winter Assessment and Treatment Service (LWAT)), the overall result was fragmentation of impact and a lack of commissioning leverage because the plans were developed outside of the annual contracting process.

5. System Resilience Priorities for 2016/17 and beyond

5.1 With regard to service transformation, there are four priority areas:

- **Improving discharge**

- To radically redesign the complex discharge process in a way that prioritises duty of care to patients via the Care Act, and delivers clinical efficiency thus reducing acute length of stay.
- To bring simple discharges earlier in the day through increased operational rigour and implementation of ward and time specific discharge targets

- **Delivering improvements to the emergency care pathway**

- To provide a timely multi-disciplinary assessment response to patients who present in the emergency department (ED), and promptly redirect those who can return home with support to a community hospital facility
- To deliver the revised medical model including the ambulatory care (medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention and rehabilitation services)

- **Handover Schemes**

- To implement handover schemes against a revised service specification to ensure that patients receive the appropriate treatment in the right place at the right time

- **Increasing community capability**

- To either prevent unnecessary admission or support hospital discharge home rather than to an institutional setting

5.2 Improving the whole-system response to escalation and contingency planning is highly dependent on delivering sustainable change. Our

experience over the last year indicates that while interagency planning for known escalation events does result in performance improvement, this is not maintainable long term. This means that until the system starts to realise the benefits of improving the discharge process and emergency care pathway, escalation bed capacity (acute and non-acute) is likely to be required to cope with seasonal escalation in demand.

With this in mind there are two aims for 2016/17:

- **Joint planning through the year**
 - To collaborate on joint plans ahead of known seasonal fluctuations in demand. This should take the form of an annual calendar and continue with built in mechanisms for future learning and improvement
- **Escalation Capacity**
 - To determine the quantum of escalation capacity (community beds, Hospital at Home and social care bridging for packages of care etc.) required in 2016/17

5.3 The BGL system resilience plan is a dynamic programme of initiatives and actions, which has been divided into two site-specific plans to better reflect local issues with the health and social care systems aligned to Queen Elizabeth Hospital and University Hospital Lewisham. The plans have been adapted as necessary to ensure collective efforts are successful in improving the quality and responsiveness of urgent and emergency care including the achievement of the 4 hour standard and DToC indicators.

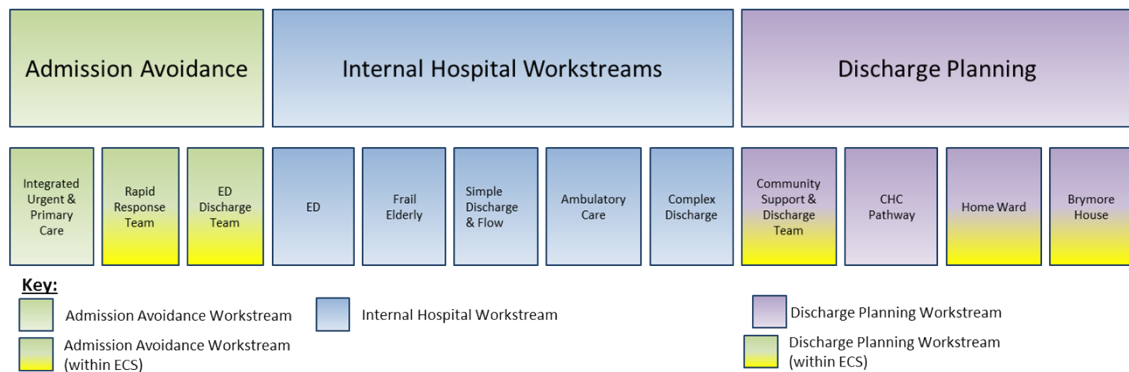
6. Enhanced Care and Support (ECS)

6.1 The ECS is one of the key priorities of the Adult Integrated Care Programme Board. It is integral to the redesign and transformation of the community services commissioned by the CCG and provided by Lewisham & Greenwich Trust.

The ECS workstreams are:

- Rapid Response
- Home Ward
- Community Discharge Support Team
- Emergency Department Team
- Brymore House

← The ECS programme spans across the Admissions Avoidance and Discharge Planning aspects of the non-elective pathway. →



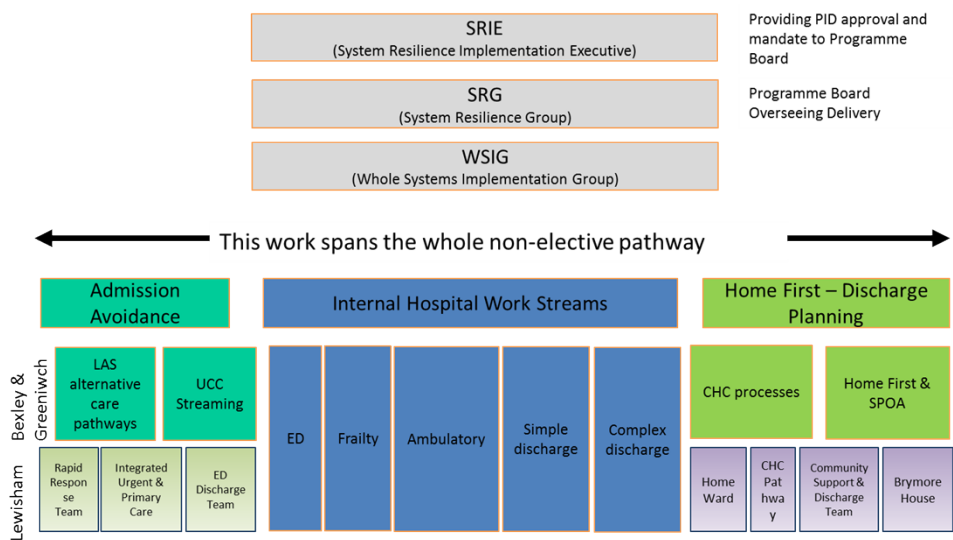
7. Lewisham Initiatives and Actions

- 7.1 Integrated Urgent & Primary Care – a new integrated service that takes into account local priorities, existing urgent and primary care resources delivering a local vision of national requirements that will provide the right access to urgent and primary care services. This will look at how primary care working at scale can offer extended hours and appropriate connections made between primary care, 111 and UCC/ED.
- 7.2 Rapid Response Team – Remodelling of the existing service in collaboration with London Borough of Lewisham and Lewisham & Greenwich NHS Trust to become a 7 day week (8am – 6pm) crisis focused medical team; providing rapid assessments by triage for patients to reduce the risk of an attendance at A&E or an emergency admission. This service would have a 7 day rapid response social care component.
- 7.3 Emergency Discharge Team – A remodelling of the existing service to provide; 7 day week (8am – 8pm) service that will identify patients aged 60+ coming into A&E with ambulatory care sensitive conditions and link them to other appropriate services
- 7.4 Home Ward – A new service designed in collaboration with London Borough of Lewisham and Lewisham & Greenwich NHS Trust to provide 7 day week (8am to 8pm) early ‘step up’ care for patients in the community who require medical assistance before becoming ill and requiring to attend hospital which will prevent avoidable admissions and ‘step down’ care for patients ready for discharge but who require on-going medical interventions

- 7.5 Continuing Health Care Pathway – A new Lewisham Continuing Healthcare Team being established with responsibility for all assessments, reviews and case management duties for fully funded Continuing Health Care patients to deliver consistent outcomes for patients and ensure that the process is efficient, timely and effective.
- 7.6 Community Discharge Support Team – A remodelling of the existing service to provide 7 day week (9am – 5pm) service that will target people who have a deterioration in function and or require medical support following discharge from the hospital.
- 7.7 Brymore House – A remodelling of the existing services to provide 7 day week rehabilitation bed based service providing 10 Home Ward Beds and 15 rehabilitation beds for a period of up to six weeks

8. Governance and Performance Management

- 8.1 The senior responsible officer (SRO) for BGL systems resilience is Martin Wilkinson Chief Officer for Lewisham CCG. A programme management function to support delivery of the plan is derived from Bexley, Greenwich & Lewisham CCG’s and Lewisham and Greenwich NHS Trust. The SRDE is the programme board, with operational delivery of the workstreams assigned to specific task and finish groups and the WSIG.



Background Documents

- Transformation Nous (February 2016): UHL Emergency Care Diagnostic / QEH Emergency Care Diagnostic / Emergency Care Diagnostic – Supported Discharge Section

If there are any queries on this report please contact Martin Wilkinson, Chief Officer for Lewisham CCG, on 020 7206 3200, *or by email at:* martinwilkinson@nhs.net